PTO/SB/17 (10-08)  Approved for use through 09/30/2010. OMB 0651-0032  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  Under the Page work Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number								
Effective on 12/08/2004.  Fees pursuant telle Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Num	ber 10	/521,491		
FEE IK	ANS	SMITTA	\L [	Filing Date	Ja	nuary 18, 2005	5	
For FY 2009				First Named Inve	entor Fra	Frank Dumont		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	Ni	gar Chowdhury	/	
Applicant claims small e	entity statu	IS. See 37 CFR 1.2		Art Unit	26	21		
TOTAL AMOUNT OF PAYM	ENT (S	810.00		Attorney Docket	No. PA	020013; Custo	omer No.24498	
METHOD OF PAYMENT	(check a	ill that apply)						
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION							<u> </u>	
1. BASIC FILING, SEAR	FILING		SEAR	CH FEES Small Entity		ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)		Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		

•							
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM   Fee Description	FEES					Fee (\$)	Small Entity Fee (\$)
Each claim over 2	0 (including l	Reissues)				52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple depender	nt claims	•	•			390	195
Total Claims	Extra Clai	ms Fee	(\$) Fee	Paid (\$)		<b>Multiple D</b>	ependent Claims
- 20 or HF	) =	x	= =			Fee (\$)	Fee Paid (\$)
HP = highest number of	total claims paid	or, if greater th					
Indep. Claims	Extra Clai	ms Fee	(\$) <u>Fee</u>	<u>Paid (\$)</u>			<del></del>
- 3 or HP	=	¥	=				

HP = highest number of independent claims paid for, if greater than 3.

Other (e.g., late filing surcharge): RCE FILING FEE

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) (round up to a whole number) x 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

\$810.00

SUBMITTED BY Registration No. 41,736 Telephone 609-734-6807 Signature (Attorney/Agent) Date September 13, 2010 Name (Print/Type) GUY H. ERIKSEN

This collection of information is required by 37 CFR 1,136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-08) Approved for use through 09/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/521,491 TRANSMITTA Filing Date January 18, 2005 For FY 2009 First Named Inventor Frank Dumont **Examiner Name** Nigar Chowdhury Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2621 TOTAL AMOUNT OF PAYMENT 810.00 Attorney Docket No. PA020013; Customer No.24498 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: <u>07-0832</u> Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 220 165 540 270 110 Design 220 100 140 70 110 50 Plant 220 170 330 110 165 85 Reissue 330 540 650 165 270 325 Provisional 220 110 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 52 26 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 220 110 . Multiple dependent claims 390 195 **Total Claims** Multiple Dependent Claims **Extra Claims** Fee Paid (\$) Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total daims paid for, if greater than 20. **Extra Claims** Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets (round up to a whole number) x - 100 = / 50 =

SUBMITTED BY			
Signature	Ant a	Registration No. (Attorney/Agent) 41,736	Telephone 609-734-6807
Name (Print/Type)	GUY H. ERIKSEN		Date September 13, 2010

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE FILING FEE

Fees Paid (\$)

\$810.00

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